

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

01

2015

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

17

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">225407.90</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">209524.09</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">58883.34</span>	<span style="border: 1px solid black; padding: 2px;">397639.55</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">268407.43</span>	<span style="border: 1px solid black; padding: 2px;">623047.45</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">56500.00</span>	<span style="border: 1px solid black; padding: 2px;">411140.02</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">211907.43</span>	<span style="border: 1px solid black; padding: 2px;">211907.43</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49370.41	297338.42
(ii) Unitemized .....	9512.93	99801.13
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	58883.34	397139.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	58883.34	397139.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	500.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	58883.34	397639.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58883.34	397639.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	379500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	540.02
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	540.02
29. Other Disbursements .....	0.00	31000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56500.00	411140.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56500.00	411140.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	58883.34	397139.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	540.02
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58883.34	396599.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH DARCIE CORBIN**

Mailing Address 7985 LEA CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55438-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	5

**Transaction ID : 38238139**

Amount of Each Receipt this Period

67.13

Full Name (Last, First, Middle Initial)

**B. ELIZABETH DARCIE CORBIN**

Mailing Address 7985 LEA CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55438-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			1	7	2	0	1	5

**Transaction ID : 38295744**

Amount of Each Receipt this Period

82.54

Full Name (Last, First, Middle Initial)

**C. LAWRENCE DAVID PLATT**

Mailing Address 3830 KING STREET

City

ALEXANDRIA

State

VA

Zip Code

22302-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			1	7	2	0	1	5

**Transaction ID : 38296188**

Amount of Each Receipt this Period

357.14

**SUBTOTAL** of Receipts This Page (optional)..... ►

506.81

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANTHONY J KAZLAUSKAS

Mailing Address 1356 BARRINGTON CIRCLE

City

ST AUGUSTINE

State

FL

Zip Code

32092-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1159794638157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City

SENECA

State

SC

Zip Code

29672-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SCE 3 NAs Ind Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1159805538157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1159806038157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WAYNE F COOK**

Mailing Address 1022 GLENDEVON DRIVE

City

AMBLER

State

PA

Zip Code

19002-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR1159812838157**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID S WICHMANN**

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

PRES &amp; CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR1159814738157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PATRICK J ERLANDSON**

Mailing Address 1000 OLD LONG LAKE ROAD

City

WAYZATA

State

MN

Zip Code

55391-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR1159815938157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

889.20

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM A MUNSELL**

Mailing Address 2119 WINDSONG CIRCLE

City State Zip Code  
 WAYZATA MN 55391-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR1159816638157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN S PENSHORN**

Mailing Address 120 BLACK OAKS LANE

City State Zip Code  
 WAYZATA MN 55391-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR1159816938157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL D KALLMEYER**

Mailing Address 468 HERALD DR

City State Zip Code  
 AMBLER PA 19002-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR1159817438157**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS J QUIRK**

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1159819138157

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD J MIGLIORI**

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391-0072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1159827438157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEANNINE M RIVET**

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1159830038157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

684.60

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mr. ANTHONY WELTERS**

Mailing Address 919 SAIGON ROAD

City  
MCLEANState  
VAZip Code  
22102-2116FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1332013238157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL J BRESOLIN**

Mailing Address 121 W VIEW STREET

City

LOMBARD

State

IL

Zip Code

60148-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Care Advo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1551005738157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL C MATTEO**

Mailing Address 25 JEREMIAHS WAY

City

SOUTH GLASTONBURY

State

CT

Zip Code

06073-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1551133438157**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

655.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JOHN O ENDERLE**

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1554323538157

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CATHERINE E SPILLANE**

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1554324638157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KAREN L ERICKSON**

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1575957638157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

533.06

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ERNEST MONFILETTO**

Mailing Address 3062 COMFORT ROAD

City  
NEW HOPEState Zip Code  
PA 18938-5622FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Ntwk Prgrms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015**Transaction ID : PR1575958138157**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LEE D VALENTA**

Mailing Address 4701 GOLF TERRACE

City  
EDINAState Zip Code  
MN 55424-1514FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Pres Lif Scis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015**Transaction ID : PR1575958538157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS S PAUL**

Mailing Address 2006 QUEEN AVENUE SOUTH

City  
MINNEAPOLISState Zip Code  
MN 55405-2350FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
UHC Chief Cnsmr Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015**Transaction ID : PR1580864738157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

738.44

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBERT THOMAS WEBB**

Mailing Address 4516 DREXEL AVENUE

City  
EDINAState  
MNZip Code  
55424-1130FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1580865338157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD J HUGHES**

Mailing Address 735 SAINT MORITZ

City  
VICTORIAState  
MNZip Code  
55386-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP COO of Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1596304138157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THAD C JOHNSON**

Mailing Address 9741 GLACIER BAY

City  
EDEN PRAIRIEState  
MNZip Code  
55347-2615FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1596304338157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

784.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL J SCHUMACHER**

Mailing Address 5401 LARADA LANE

City  
EDINA

State Zip Code  
MN 55436-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mkt Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1596305438157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT E THEISEN**

Mailing Address 1950 MEADOWWOODS TRAIL

City  
LONG LAKE

State Zip Code  
MN 55356-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1596305638157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS D LEWIS**

Mailing Address 306 CHIPPEWA AVENUE

City  
TAMPA

State Zip Code  
FL 33606-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1596306938157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

615.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBERT W OBERRENDER**

Mailing Address 4505 MOORLAND AVENUE

City  
EDINAState  
MNZip Code  
55424-1158FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR1596307038157**

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANE BEDNAR FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City  
TAMPAState  
FLZip Code  
33618-2149FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR1596309738157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KURT A HEUMANN**

Mailing Address 9825 GERALD DR

City  
SAINT LOUISState  
MOZip Code  
63128-1767FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR1596313738157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

338.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN A MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City

OMAHA

State

NE

Zip Code

68135-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1596315438157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN H RENNICK JR**

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28269-7705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1596316838157**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL I ROSENTHAL**

Mailing Address 109 SLEEPY HOLLOW LANE

City

ORINDA

State

CA

Zip Code

94563-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1596317338157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

307.68

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KEVIN J RUTH**

Mailing Address 16621 ALEXANDER MANOR DRIVE

City	State	Zip Code
SILVER SPRING	MD	20905-5028

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1596317438157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID C STURKEY**

Mailing Address 1625 CONE FLOWER WAY

City	State	Zip Code
SUWANEE	GA	30024-8576

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1596318438157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY ALAN TODD**

Mailing Address 467 PRAIRIE WAY SOUTH

City	State	Zip Code
BAYPORT	MN	55003-1607

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1596319038157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

320.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. M LAURIE WASSERSTEIN**

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1596319538157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MYRON R WERLEY**

Mailing Address 4260 FOXBERRY COURT

City

MEDINA

State

MN

Zip Code

55340-9390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1596319638157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN P DODDY**

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1600597338157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

156.46

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL D MICHAUX**

Mailing Address 742 GOODRICH AVE

City  
SAINT PAULState  
MNZip Code  
55105-3343FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1600598538157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LEWIS G SANDY**

Mailing Address 4800 SUNNYSLOPE ROAD E

City  
EDINAState  
MNZip Code  
55424-1163FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Clin Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1600598738157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MATTHEW W PETERSON**

Mailing Address 20595 SPENCER LANE

City  
EXCELSIORState  
MNZip Code  
55331-4523FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
CEO Ancillary & Ind/Sgt CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1602669938157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY W MALONEY**

Mailing Address 6327 PASADENA POINT BLVD S

City  
GULFPORTState Zip Code  
FL 33707-3867FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1613243538157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM F KENNEDY**

Mailing Address 14 MYRA LN

City  
BURLINGTONState Zip Code  
CT 06013-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1653443138157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS J BELLAMY**

Mailing Address 2743 THOMAS AVENUE SOUTH

City  
MINNEAPOLISState Zip Code  
MN 55416-4346FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Sls Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1653444338157

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.70

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL T SULLIVAN**

Mailing Address 57 QUORN HUNT ROAD

City	State	Zip Code
WEST SIMSBURY	CT	06092-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1653445838157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM TALAMANTES**

Mailing Address 11618 ROLLING MEADOW DR

City	State	Zip Code
GREAT FALLS	VA	22066-1342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1806444738157

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL M EMERSON**

Mailing Address 18855 MEADOW VIEW BLVD

City	State	Zip Code
PRIOR LAKE	MN	55372-3133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum360 Services IncOccupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR1806750338157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

233.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CATHERINE K ANDERSON**

Mailing Address 57 SIMMONS LANE

City

SEVERNA PARK

State

MD

Zip Code

21146-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1903550738157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHLEEN L BISHOP-HEROUX**

Mailing Address 145 COTTAGE RD

City

ENFIELD

State

CT

Zip Code

06082-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1903560838157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT J DUFEK**

Mailing Address 816 PROMONTORY PLACE

City

EAGAN

State

MN

Zip Code

55123-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1903577138157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

284.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SUSAN B EDBERG**

Mailing Address 9727 WELLINGTON RIDGE

City  
WOODBURYState  
MNZip Code  
55125-9592FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1903578138157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER T JOHNSON**

Mailing Address 12880 53RD STREET NORTH

City  
STILLWATERState  
MNZip Code  
55082-1063FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1903591138157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN C SANTELLI**

Mailing Address 20030 EXCELSIOR BLVD

City  
EXCELSIORState  
MNZip Code  
55331-8727FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1903622038157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

478.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. PAUL D WEYMOUTH

Mailing Address 317 WRIGHTS MILL RD

City

COVENTRY

State

CT

Zip Code

06238-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR1903636938157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City

ONEIDA

State

WI

Zip Code

54155-8632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119466838157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-5327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119468038157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

118.46

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHIE L BRYAN**

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Mktg Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2119469438157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD A CROSS**

Mailing Address 11361 DONOVAN ROAD

City

ROSSMOOR

State

CA

Zip Code

90720-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2119471838157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KENNETH R DAVIS**

Mailing Address 315 N 71ST ST

City

SEATTLE

State

WA

Zip Code

98103-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2119472538157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LINDA M DAYAN**

Mailing Address 5364 E ABBEYFIELD ST

City

LONG BEACH

State

CA

Zip Code

90815-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief of Staff

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119472638157

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AMY J GILDERNICK**

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Clms

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119475238157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID M HANSEN**

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673-7044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119476738157

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SAMUEL W HO**

Mailing Address 4220 OCEAN DR

City	State	Zip Code
MANHATTAN BEACH	CA	90266-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119477938157**

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRIAN JEFFREY**

Mailing Address 9 RIMROCK

City	State	Zip Code
IRVINE	CA	92603-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119479138157**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN D JONES**

Mailing Address 3562 REDWOOD

City	State	Zip Code
IRVINE	CA	92606-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119479238157**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

549.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. HEATHER M MACE-MEADOR**

Mailing Address 13531 CARLTON OAKS

City

SAN ANTONIO

State

TX

Zip Code

78232-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119482538157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEITH E NYGARD**Mailing Address 1139 E OCEAN BOULEVARD  
#106

City

LONG BEACH

State

CA

Zip Code

90802-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Compli Cnslt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119485038157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LYND A PAXSON**

Mailing Address 3924 E GARNET PL

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Field Acct Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2119485838157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. AUSTIN T PITTMAN**

Mailing Address 14 LOCH RIDGE DRIVE

City	State	Zip Code
GREENSBORO	NC	27408-3868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119486738157**

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CYNTHIA L POLICH**

Mailing Address 3401 E VIA PALOMITA

City	State	Zip Code
TUCSON	AZ	85718-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119486838157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARILYNN D STYERS**

Mailing Address 8027 LAKERIDGE DR SE

City	State	Zip Code
LACEY	WA	98503-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119490738157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

510.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHERYL TANIGAWA MD**

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Entrprs Hlth Svs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119491138157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN M TUCKER**

Mailing Address 12331 COUNTRY LANE

City

SANTA ANA

State

CA

Zip Code

92705-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119492038157**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN VANASTEN**

Mailing Address N2249 NICOLE COURT

City

KAUKAUNA

State

WI

Zip Code

54130-9462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2119492638157**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

464.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LINDA D DAUGHERTY**

Mailing Address 15442 NORTH 19TH WAY

City  
PHOENIX

State Zip Code  
AZ 85022-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2119493538157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GREGORY WRIGHT**

Mailing Address 13901 MAUVE DRIVE

City  
SANTA ANA

State Zip Code  
CA 92705-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2119494138157**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN TYLER J MASON**

Mailing Address PO BOX 2083

City  
CYPRESS

State Zip Code  
CA 90630-1583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2126373838157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

474.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. FORREST G BURKE**

Mailing Address 380 LEAF STREET

City  
ORONOState  
MNZip Code  
55356-9733FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2133132438157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BROR O HULTGREN**

Mailing Address 408 22ND ST

City  
GOLDENState  
COZip Code  
80401-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2133133238157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ALLEN D MILLER**

Mailing Address 6209 CRESCENT DRIVE

City  
EDINAState  
MNZip Code  
55436-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2133133638157

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

462.30

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 34 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SUSAN C MORISATO**

Mailing Address 238 ARDMORE ROAD

 City  
 DES PLAINES

 State  
 IL

 Zip Code  
 60016-2119

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Pres Insurance Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2133133838157**

Amount of Each Receipt this Period

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. T JEFFREY PUTNAM**

Mailing Address 303 ELMWOOD PLACE WEST

 City  
 MINNEAPOLIS

 State  
 MN

 Zip Code  
 55419-1349

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 SVP Fin Plng Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2133134238157**

Amount of Each Receipt this Period

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DIANE M SCHIMMELBUSCH**

Mailing Address 2203 RIVER FALLS DRIVE

 City  
 KINGWOOD

 State  
 TX

 Zip Code  
 77339-3124

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 Optum Services, Inc

 Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2133134638157**

Amount of Each Receipt this Period

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBERT C FALKENBERG**

Mailing Address 6069 WEATHERED OAK CT

City

WESTERVILLE

State

OH

Zip Code

43082-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : PR2145728438157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANNETTE L SMITH**

Mailing Address 4200 ALDEN DRIVE

City

EDINA

State

MN

Zip Code

55416-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : PR2145729938157**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARGARET W SPARKS**

Mailing Address 26091 RED CORRAL ROAD

City

LAGUNA HILLS

State

CA

Zip Code

92653-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : PR2145730238157**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

562.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID A SPIVACK**

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603-0212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2162867638157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTINE W GIBSON**

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2225166738157

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEAN-FRANCOIS BEAULE**

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2225813638157

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

730.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 123  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL MCGUIRE**

Mailing Address 437 DRURY LANE

City State Zip Code  
 WYCKOFF NJ 07481-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : PR2225818838157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC S RANGEN**

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code  
 PRIOR LAKE MN 55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Chief Acctng Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : PR2225819338157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN D RYAN**

Mailing Address 45 WESTMORELAND LN

City State Zip Code  
 NAPERVILLE IL 60540-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 RVP Clnt Mgmt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : PR2225819638157**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROY THOMAS SAILOR

Mailing Address 276 COYOTE WILLOW DRIVE

City State Zip Code  
 COLORADO SPRINGS CO 80921-7631

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2225819738157

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
 INDIANAPOLIS IN 46256-8408

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2231347238157

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City State Zip Code  
 SAINT PAUL MN 55116-1730

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2247625838157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

413.84

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City

WHITE PLAINS

State

NY

Zip Code

10605-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

Transaction ID : PR2247626838157

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

Transaction ID : PR2247627038157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

Transaction ID : PR2247627338157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFERY RICHARD VERNEY**

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2247627438157

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SANJAY GARODIA**

Mailing Address 282 MIDDLEDAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2247627838157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL L OHMAN**

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2247628038157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

384.62

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN M PRINCE**

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mkt Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2259738438157**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER L CRONN**

Mailing Address 1122 COLORADO STREET  
SUITE 2399

City

AUSTIN

State

TX

Zip Code

78701-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2270522938157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANGELA DAWN KEPLEY CARRIER**

Mailing Address 3219 PENINSULA DRIVE

City

JAMESTOWN

State

NC

Zip Code

27282-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2402317738157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARILYN LEVI-BAUMGARTEN**

Mailing Address 4800 W 27TH ST

City State Zip Code  
 SAINT LOUIS PARK MN 55416-1933

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2402317938157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAKE LOGAN**

Mailing Address 4826 EAST CALLE REDONDA

City State Zip Code  
 PHOENIX AZ 85018-2931

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2402318238157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELLEY WIKE CRANLEY**

Mailing Address 3801 MAURICE COURT

City State Zip Code  
 LAS VEGAS NV 89108-5245

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2402444438157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

282.30

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAY M ANLIKER**

Mailing Address 4306 MOUNTAIN LANE

City  
WAUSAUState  
WIZip Code  
54401-8543FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2402445038157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES H BECKER**

Mailing Address 378 FERNDAL ROAD WEST

City  
WAYZATAState  
MNZip Code  
55391-1559FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2402445138157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES C COLEMAN**

Mailing Address 4720 WEST 66TH STREET

City  
EDINAState  
MNZip Code  
55435-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp SVP, Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2402445238157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN L LARSEN**

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2402445638157**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOY O HIGA**

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2402446238157**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CORY ALEXANDER**

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2405428838157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KAREN ANN SAELENS**

Mailing Address 105 N FLORENCE AVE

 City State Zip Code  
 LITCHFIELD PARK AZ 85340-4424

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2408544838157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHLYN G WEE**

Mailing Address 2225 46TH ST NW

 City State Zip Code  
 WASHINGTON DC 20007-1032

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Optum Services, Inc

 Occupation  
 SVP State Sls Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2408545038157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY SEAN CORZINE**

Mailing Address 9350 TRACEYTON DRIVE

 City State Zip Code  
 DUBLIN OH 43017-9689

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2437119738157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. WILLIAM A HAGAN

Mailing Address 6536 E GREYTHORN DRIVE

City State Zip Code  
 SCOTTSDALE AZ 85266-6761

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2437120038157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City State Zip Code  
 SCOTTSDALE AZ 85250-4621

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Seg Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2437120538157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
 BROOKLYN PARK MN 55443-1754

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2437120738157

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

246.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAURA L NESS**

Mailing Address 10550 PINNACLE WAY

City  
WOODBURYState  
MNZip Code  
55129-4282FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2437121538157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN W COSGRIFF**

Mailing Address 1837 SUMMIT LANE

City

MENDOTA HEIGHTS

State

MN

Zip Code

55118-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2437121638157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PETER W RAINEY**

Mailing Address 3115 WEST 47 STREET

City

MINNEAPOLIS

State

MN

Zip Code

55410-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2437127538157**

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

692.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBIN E LIPPERT**

Mailing Address UNIT 9600 BOX 2

City

State

Zip Code

DPO

AP

96209-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP External Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2439928038157

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN M HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City

State

Zip Code

CHEVY CHASE

MD

20815-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2444265738157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DONALD S LANGER**

Mailing Address 5110 OAK RAMBLING DRIVE

City

State

Zip Code

KATY

TX

77494-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2445015438157

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.62



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. AMY R ADLINGTON SHKABERIN**

Mailing Address 4329 EWING AVE S

City  
MINNEAPOLISState  
MN Zip Code  
55410-1342FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2445016438157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID B SIEGEL**

Mailing Address 264 LAKEWOOD DRIVE

City  
BLOOMFIELD HILLSState  
MI Zip Code  
48304-3531FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2445017138157**

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. EILEEN J LIVERANI**

Mailing Address 100 BOSTOCK ROAD

City  
SHOKANState  
NY Zip Code  
12481-5400FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2460167238157**

Amount of Each Receipt this Period

55.40

P/R Deduction (\$27.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

338.96

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL KRAJNOVICH**

Mailing Address 9958 BUTTOWNDOWN LANE

City  
ZIONSVILLEState  
IN Zip Code  
46077-8135FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2460167338157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LARRY C RENFRO**

Mailing Address 5 DOVE LANE

City  
ANDOVERState  
MA Zip Code  
01810-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VICE CHAIRMAN & CEO Optum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2460168138157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID B ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City  
PLYMOUTHState  
MN Zip Code  
55441-2229FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2460168238157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

616.90

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ERIC J WEXLER**

Mailing Address 7220 WILLOW OAK DR

City	State	Zip Code
WEST BLOOMFIELD	MI	48324-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2463723138157**

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUE SCHICK**

Mailing Address 1220 DENBIGH LANE

City	State	Zip Code
WAYNE	PA	19087-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2480620538157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LILLIAN R HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City	State	Zip Code
BLUE BELL	PA	19422-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2484542138157**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

508.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARK A PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City  
CHANHASSEN

State Zip Code  
MN 55317-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2484542638157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JERI G KUBICKI**

Mailing Address 7659 COLDSTREAM DRIVE

City  
CINCINNATI

State Zip Code  
OH 45255-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2486697838157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS B MANDERFELD**

Mailing Address 3760 WEST CALHOUN PARKWAY

City  
MINNEAPOLIS

State Zip Code  
MN 55410-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Capital Mkt Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2486697938157

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

656.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DIRK C MCMAHON**

Mailing Address 60 WILDHURST ROAD

City  
EXCELSIORState Zip Code  
MN 55331-8461FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
EVP ENTRPRS OPS/TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2491457038157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD H NATHAN**

Mailing Address 275 GREENWICH STREET #30

City  
NEW YORKState Zip Code  
NY 10007-2150FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Chief Comm Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2491457338157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHRYN M SULLIVAN**

Mailing Address 530 N LAKE SHORE DR # 2309

City  
CHICAGOState Zip Code  
IL 60611-7435FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
CEO E&I Regions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2491457538157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

778.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KARA V SMITH**

Mailing Address 610 CRESTWOOD DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2540175338157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HYLLIUS R EDWARDS**

Mailing Address 1541 S VINE STREET

City

DENVER

State

CO

Zip Code

80210-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHC International Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2541300438157**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PATRICIA A PURDY**

Mailing Address 7417 LYNNHURST STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.95

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2541300638157**

Amount of Each Receipt this Period

196.30

P/R Deduction (\$98.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

680.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JOELLE M TIERNEY

Mailing Address 5710 TAYCHOPERA RD

City  
MADISON

State Zip Code  
WI 53705-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2541300738157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN VERSAGGI

Mailing Address 800 ALBANY AVENUE

City  
ALEXANDRIA

State Zip Code  
VA 22302-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2541300838157

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRENDAN HOSTETLER

Mailing Address 2309 W WINNEMAC AVE

City  
CHICAGO

State Zip Code  
IL 60625-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2542541938157

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

329.24

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RICHARD E RAMSAY**

Mailing Address 543 E LURAY AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2542542238157**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. IPYANA SPENCER**

Mailing Address 4226 40TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22207-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2542542338157**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANNE YAU**

Mailing Address 9905 WOODLAND DRIVE

City

SILVER SPRING

State

MD

Zip Code

20902-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.57

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2543582538157**

Amount of Each Receipt this Period

85.46

P/R Deduction (\$42.73 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

245.46

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHANTA G COMBS**

Mailing Address 4229 SUMMERTREE DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : PR2552313538157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEANNE M PACE**

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : PR2552313738157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY D ALTER**

Mailing Address 3 WOODLAND ROAD

City

PORT JEFFERSON

State

NY

Zip Code

11777-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : PR2552960238157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

539.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEREMY VAUGHN BRYANT**

Mailing Address 4534 MYSTIQUE WAY

City  
 ROSWELL

State Zip Code  
 GA 30075-2087

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2552961338157

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT F FLANNERY**

Mailing Address 8508 TRELADY CT

City  
 PLANO

State Zip Code  
 TX 75024-6827

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2552962338157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CLAIRE L HANNAN**

Mailing Address 25932 PORTAFINO DRIVE

City  
 MISSION VIEJO

State Zip Code  
 CA 92691-5716

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2552962738157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

226.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORY J JAMES**

Mailing Address 2323 KINGS POINT DRIVE

City	State	Zip Code
LARGO	FL	33774-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2552963238157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. NARASIMHAN KIDAMBI**

Mailing Address 18477 85TH AVE N

City	State	Zip Code
MAPLE GROVE	MN	55311-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Assc Dir Bus Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2552963838157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BARRY R STREIT**

Mailing Address 5421 KELLOGG AVENUE

City	State	Zip Code
EDINA	MN	55424-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
RVP Medicr Field SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2552966738157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

310.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MONICA L RAYBURN**

Mailing Address 5127 JACKSON PONDS CT

City State Zip Code  
 SUGAR LAND TX 77479

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2553475138157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD D THOMAS**

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55419-1151

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2553475438157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DENEEN VOJTA**

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code  
 EDINA MN 55424-1304

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2553475538157

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

658.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KARSTEN S FLAGSTAD**

Mailing Address 13420 JAY ST NW

City  
ANDOVERState  
MNZip Code  
55304-4015FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2554013038157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ALICE C FERREIRA**

Mailing Address 18 BRITTANY AVENUE

City  
TRUMBULLState  
CTZip Code  
06611-1105FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2554208138157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL J CLUTE**

Mailing Address 7756 N 85TH STREET

City  
OMAHAState  
NEZip Code  
68122-1281FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2560064438157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

470.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DONALD J GIANCURSIO**

Mailing Address 72 MIDNIGHT RIDGE DR

City  
LAS VEGASState  
NVZip Code  
89135-1680FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2560064938157**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JERI L JONES**

Mailing Address 512 W ORANGEWOOD AVE

City  
PHOENIXState  
AZZip Code  
85021-7252FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2560065138157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELDON LIPPMAN**

Mailing Address 55 CLIFFFIELD ROAD

City  
BEDFORDState  
NYZip Code  
10506-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2560065438157**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

772.30

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY D LUCHT**

Mailing Address 33 FOUR SEASONS DR

City  
ALTONState  
NHZip Code  
03809-4872FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2560065638157**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID MILICH**

Mailing Address 2702 BIRCHMERE COURT

City  
KATYState  
TXZip Code  
77450-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2560066038157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY J NOEL**

Mailing Address 4408 THOMAS AVE SOUTH

City  
MINNEAPOLISState  
MNZip Code  
55410-1968FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2560398838157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

464.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMES CRONIN**

Mailing Address 241 WALLACE RD

City  
BEDFORD

State Zip Code  
NH 03110-5144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR2560821138157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRIAN W LUND**

Mailing Address 464 EAST NORTH AVE

City  
GRANTSBURG

State Zip Code  
WI 54840-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR2561457638157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LARRY W CAVANAUGH**

Mailing Address 520 NE 20TH ST # 1010

City  
WILTON MANORS

State Zip Code  
FL 33305-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR2563211038157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.30

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ANDREW C MACKENZIE**

Mailing Address 1912 IRVING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55403-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2564297138157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN E SWANSON**

Mailing Address 3001 HUNTINGTON COURT

City

KATY

State

TX

Zip Code

77493-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2564297338157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. HARVEY J BALTHASER**

Mailing Address 3103 FLEECE FLOWER COVE

City

AUSTIN

State

TX

Zip Code

78735-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2564297538157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

356.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. STEVEN C WALLI**

Mailing Address 18615 CHARLEVOIX LANE

City  
CHESTERFIELDState  
MOZip Code  
63005-6200FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2564297638157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER CHARLES CARLSON**

Mailing Address 12801 OVERLOOK ROAD

City  
DAYTONState  
MNZip Code  
55327-9678FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2564802638157**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL DANIEL HANSEN**

Mailing Address 18430 62ND PLACE NORTH

City  
MAPLE GROVEState  
MNZip Code  
55311-4585FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Controller Mkt Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2564802738157**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

310.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHERINE L KENNY**

Mailing Address 22408 FITZGERALD DRIVE

City  
LAYTONSVILLEState  
MDZip Code  
20882-2301FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP of Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2564803238157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL O MARDEN**

Mailing Address 718 HICKORY HILL RD

City  
FRANKLIN LAKESState  
NJZip Code  
07417-1707FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2564803338157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DARREN C MOQUIST**

Mailing Address 1200 NICOLLET MALL #507

City  
MINNEAPOLISState  
MNZip Code  
55403-2408FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2564803438157**

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

348.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. TAMMY A O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City

BROOKEVILLE

State

MD

Zip Code

20833-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2564803938157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBRA J BERNIS**Mailing Address 3209 GALLERIA  
UNIT 1705

City

EDINA

State

MN

Zip Code

55435-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Complnc/Ethics Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2564804038157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY A WICKS**

Mailing Address PO BOX 44518

City

EDEN PRAIRIE

State

MN

Zip Code

55344-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2565448638157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. WENDY D ARNONE**

Mailing Address 5243 E DESERT PARK LANE

City State Zip Code  
 PARADISE VALLEY AZ 85253-3015

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2568900538157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER A PARRILLO**

Mailing Address 9501 WEXCROFT DRIVE

City State Zip Code  
 BRENTWOOD TN 37027-3824

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2571778238157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRUCE E MOYER**

Mailing Address 18426 MAGENTA BAY

City State Zip Code  
 EDEN PRAIRIE MN 55347-1051

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2571778338157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KEVIN JAMES CARLSON**

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City  
EDINAState  
MNZip Code  
55424-1170FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2572590038157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANE J FELDER**

Mailing Address 17406 LEDGEFIELD

City  
CYPRESSState  
TXZip Code  
77433-2064FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2572590838157**

Amount of Each Receipt this Period

125.00

P/R Deduction (\$62.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THERESA M CLARKE**

Mailing Address 16652 1/2 GRAND AVE

City  
BELLFLOWERState  
CAZip Code  
90706-5038FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2572591138157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

281.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS P WIFFLER**

Mailing Address 1421 SOMERFIELD DRIVE

City

BOLINGBROOK

State

IL

Zip Code

60490-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2572992738157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HEATHER R CIANFROCCO**

Mailing Address 2799 WEST BARDONNER ROAD

City

GIBSONIA

State

PA

Zip Code

15044-8462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2574986238157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMIE BURNETT**

Mailing Address 4625 EWING AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2574988238157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

464.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. LAURA CRANDON**

Mailing Address 12827 MACBETH FARM LANE

City State Zip Code  
 CLARKSVILLE MD 21029-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.42

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2575025238157**

Amount of Each Receipt this Period

263.14

P/R Deduction (\$131.57 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LORI A VAN HOLMES**

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55409-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2575030938157**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JENNIFER M O'BRIEN**

Mailing Address 4371 BENT TREE LANE

City State Zip Code  
 EAGAN MN 55123-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Compli Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2575034538157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

841.74



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. VIVIAN M LINDSAY**

Mailing Address 14930 SW 39 ST

City  
DAVIEState  
FLZip Code  
33331-2767FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575054938157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CARY J MCCARTY**

Mailing Address 8800 RUMFIELD RD

City

NORTH RICHLAND HILLS

State

TX

Zip Code

76182-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575059438157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SANDRA B NICHOLS**

Mailing Address 12706 YOUNG LANE

City

NORTH POTOMAC

State

MD

Zip Code

20878-6112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Shared Svs Regn CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575074538157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

462.60

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KAREN A UPCHURCH**

Mailing Address 6403 GEMINATA OAK CT

City	State	Zip Code
PALM BEACH GARDENS	FL	33410-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575084438157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GLEN J GOLEMI**

Mailing Address 1203 RUE DEGAS

City	State	Zip Code
MANDEVILLE	LA	70471-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575098838157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHARLES JACOBY**

Mailing Address 3315 IRVING AVE

City	State	Zip Code
MINNEAPOLIS	MN	55408-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575099238157**

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. PHEBE M CHAMPION**

Mailing Address 34 REYBURN DRIVE

City  
 HENDERSON

State Zip Code  
 NV 89074-2760

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Health Plan of Nevada

Occupation  
 Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2575108338157

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RON JONES**

Mailing Address 10066 ESCAMBIA BAY CT

City  
 NAPLES

State Zip Code  
 FL 34120-4621

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Optum360 Services Inc

Occupation  
 SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2575163538157

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT G CASSANO**

Mailing Address 4855 BUCKHORN BUTTE COURT

City  
 LAS VEGAS

State Zip Code  
 NV 89149-5258

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Health Plan of Nevada

Occupation  
 Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2575164438157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBERT C COSTIN**

Mailing Address 3109 SHADY SPRINGS DRIVE

City	State	Zip Code
LOUISVILLE	KY	40299-4575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
PS Sr Sls Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575180738157**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS J MCGUIRE**

Mailing Address 41 CUMBERLAND ROAD

City	State	Zip Code
WEST HARTFORD	CT	06119-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575185438157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL PATRICK STAMM**

Mailing Address 6721 MOSSY GLEN DR

City	State	Zip Code
FORT MYERS	FL	33908-4771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575194638157**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

310.76

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAUL E STORDAHL**

Mailing Address 7001 W 175TH AVENUE

City

EDEN PRAIRIE

State

MN

Zip Code

55346-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.19

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2575213038157

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MATTHEW MACKINNON SHORS**

Mailing Address 4649 EWING AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2575222338157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANDREW C SEKEL**

Mailing Address 2 SUMMER NIGHT

City

SANTA FE

State

NM

Zip Code

87506-8344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : PR2575223738157

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

437.40

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. HOWARD CHARLES GILPIN JR**

Mailing Address 1210 SHEPARD DRIVE

City

BLUE BELL

State

PA

Zip Code

19422-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Act Cnslt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575224938157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS C CHOATE**

Mailing Address 8749 THE ESPLANADE UNIT #10

City

ORLANDO

State

FL

Zip Code

32836-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575247838157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT A BROOMFIELD**

Mailing Address 12501 WEST 156TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66221-2662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

UHC Sls RVP KA

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575260438157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

193.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS RAYMOND BEAUREGARD**

Mailing Address 161 SPRING VALLEY ROAD

City

RIDGEFIELD

State

CT

Zip Code

06877-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres United Essentials

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2575295138157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRANDON E CUEVAS**

Mailing Address 25 STRATHMORE

City

LADERA RANCH

State

CA

Zip Code

92694-0549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2575305638157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY A GOLDBERG**

Mailing Address 3410 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2575326938157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

654.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J TELESKY

Mailing Address 2602 PENNINGTON PLACE

City

VALPARAISO

State

IN

Zip Code

46383-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls Acct Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575350938157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. YASMINE WINKLER

Mailing Address 1429 WEST WIGWAM TRAIL

City

MOUNT PROSPECT

State

IL

Zip Code

60056-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575390938157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CAROL GOTHARD

Mailing Address 16492 BROOKLANE BOULEVARD

City

NORTHVILLE

State

MI

Zip Code

48168-8417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575419138157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

231.84

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JERI L LOSE**

Mailing Address 9995 DELL ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575419838157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KARIN R O'HARA**

Mailing Address 1431 HENRY COURT

City

CHANHASSEN

State

MN

Zip Code

55317-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Acctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575428738157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY M SPILKER**

Mailing Address 9801 MOHAWK LANE

City

LEAWOOD

State

KS

Zip Code

66206-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575446338157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

353.84

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JOHN M HAMILTON

Mailing Address 202 PARKER

City

SAN MARCOS

State

TX

Zip Code

78666-7718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575489438157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MOLLY E JOSEPH

Mailing Address 2711 CRESCENT RIDGE ROAD

City

MINNETONKA

State

MN

Zip Code

55305-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575521738157

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL B HEBERT

Mailing Address 13 GOVERNORS ROW

City

WEST HARTFORD

State

CT

Zip Code

06117-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575522338157

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

826.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS A HAMLIN

Mailing Address 2800 NEWMAN

City  
HOUSTONState  
TXZip Code  
77098-1408FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Sr Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575536238157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CURTIS MOCK

Mailing Address 23 KELTON STREET

City  
REHOBOTHState  
MAZip Code  
02769-2530FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575579238157

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ELIZABETH C WINSOR

Mailing Address 57 WILDERS PASS

City  
CANTONState  
CTZip Code  
06019-2259FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
CEO NA Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575582838157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

469.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 84 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL PETEROY**

Mailing Address 1004 PHILLIPS STREET

 City  
 VISTA

 State  
 CA

 Zip Code  
 92083-7171

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575585638157**

Amount of Each Receipt this Period

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHLEEN DWYER**

Mailing Address 4852 EXCALIBUR DRIVE

 City  
 SYRACUSE

 State  
 NY

 Zip Code  
 13215-9317

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Assc Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575590638157**

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA M IVERSON**

Mailing Address 13341 CARRACH AVENUE

 City  
 ROSEMOUNT

 State  
 MN

 Zip Code  
 55068-4774

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575603238157**

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. BRIAN R THOMPSON**

Mailing Address 17829 63RD AVE N

City

MAPLE GROVE

State

MN

Zip Code

55311-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575634638157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TERRENCE M CLARK**

Mailing Address 8 COOPER AVENUE

City

EDINA

State

MN

Zip Code

55436-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575636938157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BENTON V DAVIS**

Mailing Address 9825 NORTH 53RD PLACE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP GM Clin Comnty Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575639238157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

463.22

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CRAIG S HERMAN**

Mailing Address 9609 WYOMING CIRCLE

City State Zip Code  
 BLOOMINGTON MN 55438-1628

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2575650238157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RONALD MICHAEL GONG**

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code  
 HACIENDA HEIGHTS CA 91745-5739

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 M R Sls Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2575651538157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELENA J MCFANN**

Mailing Address 18925 24TH AVENUE NORTH

City State Zip Code  
 PLYMOUTH MN 55447-2072

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2575654738157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CARL E ALLEN**

Mailing Address 8675 AZURE SKY DRIVE

City  
LAS VEGASState  
NVZip Code  
89129-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Medical Assoc. Inc.

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2575669338157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICK MOESCHLER**

Mailing Address 10940 E TIERRA DR

City  
SCOTTSDALEState  
AZZip Code  
85259-5730FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2575676138157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRADY PRIEST**

Mailing Address 4401 COUNTRY CLUB RD

City  
EDINAState  
MNZip Code  
55424-1148FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2575677238157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

348.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER J STIDMAN**

Mailing Address 6504 CHEROKEE TRAIL

City  
EDINAState  
MNZip Code  
55439-1109FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR257568383157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN J FARRELL**

Mailing Address 50 MAJOR DOANE RD

City  
WELLFLEETState  
MAZip Code  
02667-7836FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575696238157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELIZABETH SOBERG PROKOCKI**

Mailing Address 9746 SUNSET HILL DR

City  
LONE TREEState  
COZip Code  
80124-6720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575705838157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

461.52

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. D ELLEN WILSON**
 Mailing Address 400 STUART STREET  
 25D

City	State	Zip Code
BOSTON	MA	02116-5011

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR2575708838157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MOLLY LOUISE KNORR**

Mailing Address 1144 PROSPECT AVENUE

City	State	Zip Code
HARTFORD	CT	06105-1124

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR2575735438157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER J MULLINS**

Mailing Address 15560 SMITHFIELD PLACE

City	State	Zip Code
CENTREVILLE	VA	20120-4901

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR2575778738157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

309.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAURIE ERIN RUSSELL**

Mailing Address 3108 SONIA DRIVE

City  
LAS VEGASState  
NVZip Code  
89107-3246FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575812138157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SAMUEL JAMES MECKEY**

Mailing Address 1828 WYNDAM DRIVE

City  
SHAKOPEEState  
MNZip Code  
55379-5437FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575814538157**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM J MILLER**

Mailing Address 26104 WEST 108 TERRACE

City  
OLATHEState  
KSZip Code  
66061-7522FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575819838157**

Amount of Each Receipt this Period

176.94

P/R Deduction (\$88.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

454.94

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOEL F BRADLEY**

Mailing Address 300 WHITE MOSS PLACE

City  
FRANKLINState  
TNZip Code  
37064-8628FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : PR2575825838157**

Amount of Each Receipt this Period

36.92

P/R Deduction (\$18.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PHILIP R KAUFMAN**

Mailing Address 1680 NORTH FARM ROAD

City  
ORONOState  
MNZip Code  
55356-9309FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Spclty Ben Visn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : PR2575829838157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHELLE M HUNTLEY**

Mailing Address 19503 HARMONY AVE

City  
ROGERSState  
MNZip Code  
55374-4843FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : PR2575832038157**

Amount of Each Receipt this Period

83.30

P/R Deduction (\$41.65 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

312.52

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARY JANE BEESON**

Mailing Address 279 OAK COMMON AVENUE

City

SAINT AUGUSTINE

State

FL

Zip Code

32095-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575839538157**

Amount of Each Receipt this Period

90.90

P/R Deduction (\$45.45 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. EDWARD JOHN SKOPAS**

Mailing Address 43 JOEL DR

City

HEBRON

State

CT

Zip Code

06248-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575842738157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM J GOLDEN**

Mailing Address 106 SOUND COURT

City

NORTHPORT

State

NY

Zip Code

11768-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2575859338157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

361.20

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. NYLE BRENT COTTINGTON**

Mailing Address 6630 EMPIRE COURT

City

MAPLE GROVE

State

MN

Zip Code

55311-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Acctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575865338157

Amount of Each Receipt this Period

30.78

P/R Deduction (\$15.39 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICK J LANGAN**

Mailing Address 405 MEADOW LANE

City

BENSON

State

MN

Zip Code

56215-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575885038157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL W MEDEIROS**

Mailing Address 7112 LANGMUIR DRIVE

City

MCKINNEY

State

TX

Zip Code

75071-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2575930638157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

302.78

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RICHARD J MATTERA**

Mailing Address 483 HIGHCROFT ROAD

City  
WAYZATA

State Zip Code  
MN 55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

**Transaction ID : PR2575938438157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARC T SALINAS**

Mailing Address 1630 ROCK RIDGE DRIVE

City  
PROSPER

State Zip Code  
TX 75078-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

**Transaction ID : PR2575967938157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JUDITH GAGER PERLMAN**

Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City  
VINEYARD HAVEN

State Zip Code  
MA 02568-5659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

**Transaction ID : PR2575968938157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.60

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARK LEENAY**

Mailing Address 29 UNION TERRACE LN N

City  
PLYMOUTHState  
MNZip Code  
55441-6232FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHC International Services Inc

Occupation

NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

Transaction ID : PR2575982838157

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID J LAUTH**

Mailing Address 5109 EMERSON AV S

City  
MINNEAPOLISState  
MNZip Code  
55419-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.35

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

Transaction ID : PR2575991138157

Amount of Each Receipt this Period

7.92

P/R Deduction (\$3.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARC R BRIGGS**

Mailing Address 1608 RED TREE CT

City  
DRAPERState  
UTZip Code  
84020-7704FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

Transaction ID : PR2576001638157

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

165.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN EDWARD SCOTT**

Mailing Address 4574 VIA DON LUIS

City

NEWBURY PARK

State

CA

Zip Code

91320-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2576018638157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID SANN**

Mailing Address 8326 ELKO DRIVE

City

ELLICOTT CITY

State

MD

Zip Code

21043-6913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2576026438157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAY WARMUTH**

Mailing Address 16215 GRABEN COURT

City

EDEN PRAIRIE

State

MN

Zip Code

55346-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2576040038157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

231.84

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. GAYLE Q ADAMS

Mailing Address 39 CANYON RIDGE DRIVE

City

SANDIA PARK

State

NM

Zip Code

87047-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2576040338157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN P KANDALAFT

Mailing Address 4189 WINDSOR POINT PLACE

City

EL DORADO HILLS

State

CA

Zip Code

95762-3797

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2576043638157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KENT MONICAL

Mailing Address 9795 E PIEDRA DRIVE

City

SCOTTSDALE

State

AZ

Zip Code

85255-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2576051338157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

346.14

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. RESTOR JOHNSON**

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code  
 MINNETONKA MN 55305-2806

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2576051638157

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN F REX**

Mailing Address 503 HARRINGTON ROAD

City State Zip Code  
 WAYZATA MN 55391-1512

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Mkt Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2576060038157

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LANCE A NOVAK**

Mailing Address 17035 41ST PLACE N

City State Zip Code  
 PLYMOUTH MN 55446-3358

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR2576073538157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DARRIN D JOHNSON**

Mailing Address 108 SUMMERBROOKE COURT

City

SICKLERVILLE

State

NJ

Zip Code

08081-9685

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2576103738157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARGARET A OHME**

Mailing Address 3543 STEBNER RD

City

HERMANTOWN

State

MN

Zip Code

55811-3714

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2576104038157

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRIS KENT**

Mailing Address 13273 CARLINGFORD LANE

City

ROSEMOUNT

State

MN

Zip Code

55068-6308

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2576119038157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

253.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHANDRA LUE TORGERSON**

Mailing Address 5433 10TH AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55417-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2576128638157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL JOHN DIOGUARDI**

Mailing Address 4336 YATES STREET

City

DENVER

State

CO

Zip Code

80212-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2576131938157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEVEN H NELSON**

Mailing Address 640 LOCUST HILLS DRIVE

City

WAYZATA

State

MN

Zip Code

55391-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2576144838157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

539.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 123  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN E FRIDNER**

Mailing Address 782 PENFIELD DR

City

CAROL STREAM

State

IL

Zip Code

60188-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB NA VP SIs/Gen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : PR2576147538157**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEAN C BENSON**

Mailing Address 14951 HIGHLAND COURT NE

City

PRIOR LAKE

State

MN

Zip Code

55372-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : PR2576310938157**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS L ELLIOTT III**

Mailing Address 1880 SUGARLOAF CLUB DR

City

DULUTH

State

GA

Zip Code

30097-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Clint Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : PR2576313338157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

308.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL J KENIRY**

Mailing Address 5553 LITTLE FALLS ROAD

City  
ARLINGTONState Zip Code  
VA 22207-1525FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2577379338157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEMETRIOS L KOUZOUKAS**

Mailing Address 15552 57TH PLACE N

City  
PLYMOUTHState Zip Code  
MN 55446-3737FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2578740438157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LAURA CIAVOLA**

Mailing Address 1686 WILDFIRE LANE

City  
FRISCOState Zip Code  
TX 75033-7325FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2578824338157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

961.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. NATHANAEL BUSBEE**

Mailing Address 611 ORPINGTON RD

City  
BALTIMORE

State Zip Code  
MD 21229-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2578826738157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JAY J COHEN**

Mailing Address 2613 VICTORIA DR

City  
LAGUNA BEACH

State Zip Code  
CA 92651-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
CEO Med Grp Physn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2578829638157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LAURA A GROSCHE**

Mailing Address 3872 KENNET CIRCLE

City  
EAGAN

State Zip Code  
MN 55123-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2595230938157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

653.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SHERRI LEE GIORGIO**

Mailing Address 311 WHITWORTH WAY

City  
NASHVILLEState Zip Code  
TN 37205-5017FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2600648938157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WESTON PRICE SCOTT**Mailing Address 4330 SPECTRUM 1  
APT 4330City  
SAN ANTONIOState Zip Code  
TX 78230-3122FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2601125338157

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARIANNE D SHORT**

Mailing Address 2215 SUMMIT AVENUE

City  
SAINT PAULState Zip Code  
MN 55105-1002FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
EVP Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2601133538157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

523.06

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. AMY N SWANSON

Mailing Address 621 SPARROW WAY

City

WADSWORTH

State

OH

Zip Code

44281-7716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2601140738157

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL A CHRIST

Mailing Address 23 BRIARWOOD ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2601156938157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANDREW W TICE JR

Mailing Address 1136 JACKSON SPRINGS RD

City

MACON

State

GA

Zip Code

31211-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Phys Advsr

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

299.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2601160938157

Amount of Each Receipt this Period

46.14

P/R Deduction (\$23.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

315.36

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROGER RODRIGUEZ**

Mailing Address 10501 SW 102 AVENUE

City	State	Zip Code
MIAMI	FL	33176-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2601176838157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARC GORDON KAPROW**

Mailing Address 5079 SW 89TH AVE

City	State	Zip Code
COOPER CITY	FL	33328-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2601179038157**

Amount of Each Receipt this Period

78.88

P/R Deduction (\$39.44 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KELLY MARIE DAVIS**Mailing Address 12013 TALIESIN PLACE  
UNIT 22

City	State	Zip Code
RESTON	VA	20190-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2605734238157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

232.72

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. TRACY MALONE**

Mailing Address 900 S 22ND ST

City  
ARLINGTONState Zip Code  
VA 22202-2625FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

Transaction ID : PR2605736938157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHELLE FERENSIC**

Mailing Address 404 KENTUCKY BRANCH LANE

City  
JACKSONVILLEState Zip Code  
FL 32259-8863FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Prov Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

Transaction ID : PR2605738238157

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM KARL KIEFER**

Mailing Address 101 MAIN STREET NE #4

City  
MINNEAPOLISState Zip Code  
MN 55413-4502FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP Strat Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

Transaction ID : PR2605755638157

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GLORIA AUSTIN**

Mailing Address 1547 HARVARD AVENUE

City

SALT LAKE CITY

State

UT

Zip Code

84105-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2605757438157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LARRY SMITH**

Mailing Address 1164 RUE CHINON

City

MANDEVILLE

State

LA

Zip Code

70471-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2605760638157**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL E WEISSEL**

Mailing Address 99 HAGEN ROAD

City

NEWTON

State

MA

Zip Code

02459-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	5		

**Transaction ID : PR2606842938157**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

461.52

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN MATTHEW MATECZUN**

Mailing Address 700 SAINT GEORGE BARBER ROAD

City	State	Zip Code
DAVIDSONVILLE	MD	21035-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Pres M&V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2606845138157**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS KARL ZIESMANN**

Mailing Address 2004 ESTES PARK ROAD

City	State	Zip Code
SOUTHLAKE	TX	76092-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2606854438157**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELLEY L KENNEDY**

Mailing Address 706 SUE BARNETT

City	State	Zip Code
HOUSTON	TX	77018-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2607803038157**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

676.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LISA MARIE LANDO**Mailing Address 60 PINEAPPLE STREET  
APT 3J

City	State	Zip Code
BROOKLYN	NY	11201-6839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2608059538157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. VIRGINIA A FLYNN**

Mailing Address 30 VAN TERRACE

City	State	Zip Code
SPARKILL	NY	10976-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2608061238157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SANDRA FERGUSON**

Mailing Address 710 SOUTH SHERATON DRIVE

City	State	Zip Code
AKRON	OH	44319-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2608061938157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NORMAN L WRIGHT**

Mailing Address 1507 NANTUCKET DRIVE

City  
HOUSTONState  
TXZip Code  
77057-1911FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2609812338157**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CARRIE J RIVERS**

Mailing Address 6368 TIMBER TRACE

City  
BROWNSBURGState  
INZip Code  
46112-8641FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Ntwk Contract Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2612533738157**

Amount of Each Receipt this Period

9.12

P/R Deduction (\$4.56 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ABIGAIL LONDON VAIL**

Mailing Address 3653 DWIGHT DAVIS DR

City  
TALLAHASSEEState  
FLZip Code  
32312-1076FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	5		

**Transaction ID : PR2614315638157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

336.04

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. RANDALL L SOLOMON**

Mailing Address 760 HAIGHT STREET

City State Zip Code  
SAN FRANCISCO CA 94117-3317

FEC ID number of contributing federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR2615671538157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL BIRNBAUM**

Mailing Address 55 DEAN STREET

City State Zip Code  
BROOKLYN NY 11201-6245

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR2615671638157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK OWEN JOHNSON**

Mailing Address 10529 MOUNT CURVE ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-2902

FEC ID number of contributing federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR2617933938157

Amount of Each Receipt this Period

92.30

P/R Deduction (\$46.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

246.14

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JOLENE A GARELLI**

Mailing Address 9 PROSPECT VIEW DRIVE

City

DUMMERSTON

State

VT

Zip Code

05301-8875

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

IT Proj Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

593.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2622559238157

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PETER GROVES JACOBY**

Mailing Address 6203 STONEHAM LANE

City

MCLEAN

State

VA

Zip Code

22101-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Govt Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2623707538157

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. REBECCA HUMBERT MULES**

Mailing Address 660 DOVER STREET

City

BALTIMORE

State

MD

Zip Code

21230-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR2624442638157

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

552.78

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JENIFER JEAN FULLER JESSEP**

Mailing Address 14320 KEITH COURT

City

BROOMFIELD

State

CO

Zip Code

80023-9584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2624445438157**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER LOUIS COLLETTE**

Mailing Address 786 CAMBERWELL DRIVE

City

EAGAN

State

MN

Zip Code

55123-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2625499538157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WESLEY RYAN COWEN**

Mailing Address 44 PEACHTREE PL NW #1921

City

ATLANTA

State

GA

Zip Code

30309-5414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2015

**Transaction ID : PR2625532338157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

269.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 OF 123

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORY M HINES**

Mailing Address 3660 SILVERWOOD RD

City State Zip Code  
 WEST SACRAMENTO CA 95691-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR2626886538157**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAMBERT VAN DER WALDE**

Mailing Address 45 AUDUBON CAUSEWAY

City State Zip Code  
 LANTANA FL 33462-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Hlth Reform/Modernizatn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR2628332338157**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$208.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LORI ANN RILEY**

Mailing Address 5636 JAMES AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55419-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR2628834038157**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

742.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 123

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRUCE MICHAEL JARVIE**

Mailing Address 18750 KIPHEART DRIVE

City

LEESBURG

State

VA

Zip Code

20176-8220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

222.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

**Transaction ID : PR2629554538157**

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ELEANOR ADAMS HOFFMAN**Mailing Address 2700 CONNECTICUT AVE  
APT 701

City

WASHINGTON

State

DC

Zip Code

20008-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

222.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

**Transaction ID : PR2629559238157**

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

222.20

**TOTAL** This Period (last page this line number only)..... ►

49370.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ann L. Wagner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38304762**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Flores**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38304767**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address PO Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin Patrick Brady**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306241**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St SE, Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Linda T. Sanchez**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 38

Disbursement For: 2016	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306243**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph Crowley**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 14

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306246**

Amount of Each Disbursement this Period

5000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Graves for Congress**Mailing Address 2345 Grand Blvd  
Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Samuel B. Graves**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO	District: 06

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306262**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Guthrie For Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. S. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306288**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Hudson for Congress**

Mailing Address PO Box 5053

City	State	Zip Code
Concord	NC	28027-1500

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Richard L. Hudson Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306345**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Jeff Miller For Congress**

Mailing Address PO Box 126

City	State	Zip Code
Pensacola	FL	32591

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeff Miller**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306409**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Johnson for Congress**

Mailing Address PO Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. William Leslie Johnson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306412**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kurt Schrader**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306415**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Marsha Blackburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306417**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mike Bishop For Congress**

Mailing Address PO Box 1148

City Brighton	State MI	Zip Code 48116
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Michael Bishop**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306422**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter Roskam**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306427**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington	State DC	Zip Code 20024
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Peters**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 52

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : 38306430**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington	State DC	Zip Code 20024
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Peters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306431**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City Deer Park	State NY	Zip Code 11729
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve J. Israel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306437**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Thornberry For Congress Committee**

Mailing Address P.O. Box 9392

City Amarillo	State TX	Zip Code 79105
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mac Thornberry**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306443**

Amount of Each Disbursement this Period

5000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Vargas for Congress**

Mailing Address 330 Encinitas Boulevard, Suite 101

City	State	Zip Code
Encinitas	CA	92024

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Juan C. Vargas**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306445**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Holding onto Oregon's Priorities**

Mailing Address PO Box 3314

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Contribution

011

Candidate Name

**Holding onto Oregon's Priorities**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306446**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Ronald L. Wyden**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : 38306447**

Amount of Each Disbursement this Period

3000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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56500.00
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